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| 様式第45号  番　　　　　号  年　　月　　日  　香川県知事　　　　　　　　殿  所在地  学校名  校長名  感染症・食中毒発生状況報告書  　このたび、次のとおり感染症・食中毒が発生（終えん）したので、報告します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | １　学校(園)名 | |  | | | | | | | | | | | | | | | | | | ２　学校(園)の所在地 | |  | | | | | | | | | | | | | | | | | | ３  感染症  ・  食中毒の  発生状況 | (1)病　名 |  | | | | | | | | | | | | | | | | | | (2)発生年月日 |  | | | | | | | | | | | | | | | | | | (3)終えん年月日 |  | | | | | | | | | | | | | | | | | | (4)発生の場所 |  | | | | | | | | | | | | | | | | | | (5)患者数・欠席者数及び死亡者数 | 区分  学年 | 生徒等数 | | | 患者数 | | | 欠席者数 | | | 入院者数 | | | 死亡者数 | | | 備考 | | 男 | 女 | 計 | 男 | 女 | 計 | 男 | 女 | 計 | 男 | 女 | 計 | 男 | 女 | 計 | | 第１  学年 | ( ) | ( ) | ( ) |  |  |  |  |  |  |  |  |  |  |  |  |  | | 第２  学年 | ( ) | ( ) | ( ) |  |  |  |  |  |  |  |  |  |  |  |  |  | | 第３  学年 | ( ) | ( ) | ( ) |  |  |  |  |  |  |  |  |  |  |  |  |  | | 計 | ( ) | ( ) | ( ) |  |  |  |  |  |  |  |  |  |  |  |  |  | | (6)発生の経緯 |  | | | | | | | | | | | | | | | | | | ４　患者及び死亡者  　　発見の動機 | |  | | | | | | | | | | | | | | | | | | ５　感染症・食中毒  　　の発生原因 | |  | | | | | | | | | | | | | | | | | | ６　感染症・食中毒  　　の感染経路 | |  | | | | | | | | | | | | | | | | | | ７　臨床症状の概要 | |  | | | | | | | | | | | | | | | | | | ８  処  置 | (1)学校の処置 |  | | | | | | | | | | | | | | | | | | (2)設置者の処置 |  | | | | | | | | | | | | | | | | | | (3)保健所その他の関係機関の処置 |  | | | | | | | | | | | | | | | | | | ９　その他参考事項 | |  | | | | | | | | | | | | | | | | |   （注）１　学校給食に係る感染症・食中毒発生の場合は、給食実人員を(5)「生徒等数」の欄の（　）内に記入すること。  　　　２　職員について該当者があったときは、(5)「備考」欄に該当人数を記入すること。  　　　３　幼稚園については、学年は年齢別とし、満３歳児、３歳児、４歳児、５歳児に区分すること。  　　　４　学校給食に係る感染症・食中毒［疑いも含む］）発生の場合は、発生前２週間分の食材が判る献立表を添付すること。 |